



REALity

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THE LIBERAL 2017 CARTOON BUDGET

“[The budget] reflects a pretend world focussing on the feminists’ demands for gender analysis with women breathlessly waiting for instructions from our all-knowing Prime Minister Trudeau to hand them taxpayers’ money.”

The Liberal 2017 budget is a cartoon budget as it is only animation, not reality. It reflects a pretend world focussing on the feminists’ demands for gender analysis with women breathlessly waiting for instructions from our all-knowing Prime Minister Trudeau to hand them taxpayers’ money. The provisions in this budget benefit only well-educated, professional feminists who circulate in Trudeau’s world, but ignore most other women.

Women are a lot smarter than Trudeau seems to think. We can figure out by ourselves that he has created a feminist budget for upper and middle class, well-off feminist women only, not for low income women. Also, he doesn’t seem to understand that Canadian women are quite capable of knowing what they want, and can make intelligent and responsible decisions for themselves and their families without his assistance.

By this 2017 budget, however, Prime Minister Trudeau has made it clear that he prefers to make decisions for women. He assumes that women should properly participate in the paid workforce placing their children in substitute care, rather than looking after their children themselves. This way, the working mothers’ income will help raise the GNP and help his government’s floundering economy. In effect, Trudeau views women primarily as taxpayers rather than as responsible parents with the intelligence to choose their own lifestyle.

The \$7 billion allotted over the next decade for new child care spaces is a boon for upper echelon two income families. Its success is premised on cooperation of the provinces (which have jurisdiction over child care) and which ultimately will determine how this money is spent. The budget suggests this provision could “create up to 40,000 subsidized child care spaces and help to train child care workers”. This is not helpful for those many women who do not wish to use such child care facilities.

The budget also adds a new caregiver leave provision which allows people to use employment insurance for 15 weeks to care for a critically ill relative. Why doesn’t this leave apply to grandparents or other relatives, to assist them

financially to take leave to provide child care for their grandchildren or other dependent children in their families?

The budget makes a grand show of extending parental leave from 12 months to 18 months, but again this provision only benefits women who can afford a two-thirds cut in pay, spread over the 18 month leave period. This is not a choice for the 38% of women who are lower income, and excluded from parental leave because they don’t make enough or haven’t worked long enough to qualify for employment insurance. Women can figure out all by themselves that this provision is not helpful to most of us.

The budget also makes much of the fact that it is addressing gender-based violence by providing funding targeted for new gender and diversity training for judges. This is based on the notion that judges need professional training to be gender and culture sensitive to victims. But violence occurs equally to men who can also be victims. It’s not likely that they will be included in this project. It appears this \$100 million over 5 years is targeted to so-called gender-based violence so as to indoctrinate judges to be biased in favour of a female victim. What about the rights of the defendant to be protected from judicial bias?

Finally Trudeau, as always, is obsessed with homosexuality and has handed out tax credits to the minuscule number of homosexuals who access reproductive technologies to create children for themselves. It is well documented that children thrive best with a mother and father in a long term relationship such as marriage. Apparently the best interests of children are only of marginal concern to this government. In contrast, it fails to respond to Canada’s demographic winter

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(only 1.6 children are born to each woman of reproductive age) to assist parents in raising their children. Instead, Trudeau snatches away tax credits for children's activities and parents' bus fares, cancelled income splitting, and reduced saving opportunities in Tax Free Savings Accounts.

The budget provides for the installing of a special advisor on homosexual issues in the Privy Council Office. Why doesn't Trudeau install a special advisor for low income families so their needs can be met for a change?

This budget, as seen through feminist lenses, ignores

the fact that men also live in Canada. The latter are over represented among manufacturing workers as well as unskilled labourers who have been laid off. The budget is silent in targeting any solutions for them. Men and women should be treated equally, and tax measures can't be just for women but have to be for everyone.

One thing is certain about this budget, it has created an additional \$28.5 billion deficit to our economy which is going to be passed on to our children and grandchildren. They will have to bear the burden of Trudeau's obsession with feminism. †

THE UGLY TRUTH ABOUT PHYSICIAN-ASSISTED SUICIDE

“Dying artificially by physician-assisted suicide isn't necessarily simple, nor pleasant, nor gentle and can instead be a horrifying experience.”

Advocates of physician-assisted suicide paint a pleasing picture of an individual, with full use of his/her faculties, receiving a lethal injection to bring about a gentle death, surrounded by loving friends and family. These advocates paint another picture of the alternative to this scene which is a “bad” death causing intense suffering created by those who cruelly deny kindness and compassion to the patient by way of a physician-assisted suicide.

These advocates don't mention the ugly underside of physician-assisted suicide which is usually referred to in deceptive language as “medical aid in dying” or MAID. This name obscures the unpleasant fact that it is a physician who is providing the lethal injection in order to kill the patient.

Advocates also fail to mention that many individuals die of physician-assisted suicide without having full awareness of their situation. These include the frail, vulnerable aged, those with disabilities such as Down syndrome or Alzheimer's. Such individuals may be sent to their deaths unaware of what is actually happening to them. This occurs because those responsible for their lives think that they are relieving suffering. The latter, however, can be accomplished by other, more positive means, such as proper medication and a comforting environment. There are others, usually a child of an elderly person, having power of attorney, who will see “their” inheritance dissipating due to the cost of residential care for their elderly parent, and will authorize the death. Research shows that high on the list of reasons why people want to die is that they feel they are a burden to their family. The family's response to this concern makes all the difference in the decision for assisted suicide.

Assisted Suicide Deaths Can be Slow and Painful

Advocates of physician-assisted suicide also paint the picture of an assisted death as being quick, efficient and painless. This is a misconception. Patients can vomit up the

pills they take. Some don't take enough pills to die, and wake up instead of dying. Patients in a Dutch study vomited up their medications in 7% of cases. In 15% of cases, patients either did not die or took a very long time to die – hours, even days. In 18% of cases studied, doctors had to intervene to administer more lethal medication. The problem is that the amount of medication required to kill a patient may vary, depending on the patient's weight and/or among other reasons, for example: a patient already taking a high dose of opioids, and dependent on them, requires an astronomically high dose of a narcotic to stop breathing. Some patients may have diseases that alter normal organ function which affects the speed at which drugs are absorbed in the small intestine or metabolized in the liver.

Dying artificially by physician-assisted suicide isn't necessarily simple, nor pleasant, nor gentle and can instead be a horrifying experience.

Assisted Suicide Raises the General Suicide Rate

In every jurisdiction that has legalized assisted suicide, the general suicide rate has increased. This is not surprising since government sanctioned assisted suicide endorses suicide as an appropriate response to suffering. Suicide is the leading cause of death in young adults, and this is increased by legalized assisted suicide. Young adults don't need any more encouragement to die unnaturally.

Assisted Suicide and Organ Transplants

Organ harvesting after assisted suicide is a reality in Belgium, and the Netherlands which has had assisted suicide since 2002. In these countries, when a patient is provided assisted suicide, and agrees that his/her organs be used for transplant, death takes place in one room and then the dead body is quickly transferred by gurney to an adjoining room where the transplant team is waiting to remove the body parts, while the body is still warm and the body parts fresh. To describe this situation as ghoulish is an understatement.

Canada and Assisted Suicide and Organ Transplants

Since the assisted suicide legislation was passed in Canada in June 2016, 744 people have been killed by this

method. Canadian physicians have begun to harvest organs from those who have undergone medically-assisted suicide. For example, in Ontario 26 people out of 338, who have died by medically-assisted suicide, have donated organs: eyes, skin, heart valves and tendons.

This raises a concern that a patient may be induced to consent to assisted suicide by the argument that by doing so, he/she is saving other people's lives. What happens should a patient change his/her mind about hastening death? Would the patient feel compelled to go through with the act of death anyway, knowing that medical tests have been carried out and that a recipient is waiting for his organ? This creates more pressure on the patient to continue with the act of death even though he may still want to continue living.

A major difficulty with organ harvesting after assisted suicide is that many patients who request death have advanced cancer, which typically makes their organs unsuitable for transplant. However, organs from those suffering from neurological disorders, such as multiple sclerosis or Parkinson's disease are more useful for transplantation purposes as such organs may be retrieved much sooner. This is sometimes because the heart will stop within two and three minutes after the lethal injection, providing better organs for transplant. In comparison, in natural death, it can take up to two or three hours, during which time vital organs, like the heart and lungs, deteriorate from lack of blood flow and oxygen.

Canadian Doctors Having Second Thoughts about Assisted-Suicide

In view of these concerns about physician-assisted suicide, it is not surprising that dozens of physicians in Canada, who had initially signed up to assist in terminating the lives of patients, have now removed themselves permanently from a voluntary referral list to do so. Another 30 physicians have put their names on temporary hold. The Canadian Medical Association does not know exactly how many more physicians are having second thoughts.

This reaction by physicians is not surprising, given the Hippocratic Oath which provides that physicians "do no harm" to patients. Also, the legislation permitting assisted suicide is ambiguous. It provides that assisted suicide may take place when there is a "grievous or irremediable condition" and where "death is reasonably foreseeable". This description, however, could apply to many chronic conditions. This could subject the physician to legal sanctions, such as prosecution for murder. Therefore, assisted suicide can also be a dangerous undertaking for a physician.

Desensitized Physicians

There are physicians who are not burdened by their conscience while carrying out assisted suicide. This comes as a result of a process of incremental desensitization which causes physicians to become blinded by the conviction that they are acting in the best interest of the patient. This blindness to the horrors of deliberately terminating human life occurred in Nazi Germany. Many physicians at that time did not see that their

acts, motivated by a belief that they were being compassionate, resulted in the horrors of the Holocaust. These doctors eliminated so-called "inferior" human beings: the mentally ill, the handicapped and aged, with impunity, in the belief that they were helping society as well as these unfortunate individuals. This situation is exactly what is occurring now in Canada by the physicians who are justifying their actions for assisted suicide as compassionate care for the suffering.

It seems also that some physicians think they are not paid enough to undertake assisted suicide. They complain that their efforts require driving to the home at their own expense, spending considerable time at the home, preparing the documentation and coordinating the medicine with the pharmacist. They complain that palliative care physicians are well paid, so why not them? Why are physicians who no longer make house calls willing to do so to kill a patient?

In short, we are already experiencing desensitized physicians in our own era.

Assisted Suicide Physicians Conference

Concerns about physician-assisted suicide are only beginning in Canada. A conference is to be held in Victoria, B.C on June 2nd and 3rd, 2017 to determine the "best standards of practice" for physicians carrying out assisted suicide. Four of the speakers are from the advocacy group "Death with Dignity". Other speakers are physicians who have already enthusiastically participated in assisted suicide practices. No doubt they will also be discussing how to be paid better for such services.

Those advocates, enabled by the liberal Supreme Court Judges, believe in an individual's absolute right to be killed, without any provision to balance this "right" with the protection of vulnerable persons.

These advocates are leading Canada down a treacherous, dark, and frightening path for which there is no light at the end of the tunnel. †



Judges prefer to wear their regular robes rather than the above Executioner robes which reflects their decision to permit the killing of patients by physicians. <http://ipolitics.ca/2015/02/19/the-best-in-cartoons-this-week/may3554/>

CHAOS REIGNS AT THE TORONTO GAY PRIDE PARADE

Gratitude and loyalty are not an integral part of the DNA of the LGBT, but a sense of entitlement is!

Last year the activist group Black Lives Matter (BLM) held up the 2016 Gay Pride Parade for half an hour making demands on the parade organizers. One of its main demands was that the Toronto police be prohibited from participating in the parade and that no police floats be permitted.

The Executive Director of the Gay Pride Parade, Mathieu Chantelois, agreed to the demands so that the parade could continue. The following day he scrapped the agreement with BLM. Shortly after, Chantelois was accused of racism and sexual harassment and resigned from the Toronto Gay Pride Parade organization.

In January, 2017, BLM appeared at the annual meeting of the Gay Pride Parade and convinced the organizers to disassociate from the police in any future Gay Pride Parade. This did not please many of the Gay Pride Parade supporters, who responded by stating they would boycott the 2017 parade.

In February, 2017, in order to avoid Toronto's Gay Pride conflict, the Halifax Police Force also stated that it will not participate in the Gay Pride Parade in that city this year.

The Vancouver BLM group also petitioned Vancouver's Pride organization to prevent all uniformed armed police officers from participating in the Vancouver Pride Parade.

Meanwhile, the organizers of the Toronto Gay Pride Parade announced the appointment of a new Executive Director, Olivia Nuamah. Being black and female, the organizers thought their choice was perfect. What could possibly go wrong? Plenty. For example, one of the members of the City Council, John Campbell, supported by half a dozen other councillors, recommended that the Toronto Council withdraw the \$260,000 grant given by the city to the Gay Pride Parade. Mr. Campbell argued that the money for the parade be voted down until the parade returns to its "core principles of equity and inclusivity". (Never fear, City Council will, inevitably, fund the Toronto Gay Pride Parade in 2017.)

The new Executive Director, Olivia Nuamah, has stated that there was no chance the Toronto parade would consider inviting police officers to participate in the 2017 parade, until there was "constructive dialogue" with all the parties. Good luck with that! Ms. Nuamah, also made clear that she "absolutely" still wants police in uniform to act as security at the parade. This free police security cost the taxpayer \$512,000 for the 2016 Toronto Gay Pride Parade. This figure does not include the cost of pay-duty police, subject to privacy laws. It is not known whether paid duty police, under these circumstances, will

agree to participate in the 2017 Gay Pride Parade.

The Toronto police have marched in the Gay Pride Parade for a number of years, signaling to the LGBT "hey fellows, we're your friends, and we don't care that you're breaking the law that prohibits public nudity and displays of simulated sex acts, [i.e. indecent acts chargeable under the *Criminal Code*]. We think you're special, and above the law."

Gratitude and loyalty are not an integral part of the DNA of the LGBT, but a sense of entitlement is!

GAY PRIDE PARADES NOT ACCEPTABLE IN EVERY COMMUNITY

Just north of Toronto, the Town Council of Richmond Hill agreed to allow a gay parade, but the business community rejected it because they did not view the Gay Pride Parade as "family oriented". They stated that the loss of business and the few people who do attend the parade, did not make the event worthwhile.

It is significant that the York Region Police Force has firmly stated that there would be no nudity or other breaches of the *Criminal Code* allowed if a Gay Pride Parade were held in Richmond Hill. As a result, if such a parade took place in Richmond Hill, it would not be the freak show that has attracted viewers to the Toronto Gay Pride Parade. The latter has become an alcohol, drug and sexual orgy.

John McKellar, who identifies as gay, describes the Toronto Gay Pride Parade <https://hopenow2004.wordpress.com/author/hopenow2004/> as follows:

Since when do half-naked men dressed in pink tutus and combat boots acting like immature buffoons in the middle of the street constitute high culture? Or blaring bad music, cheesy impersonators, public hard drug consumption, public intoxication and public sex acts?

The business community of the Town of Newmarket, another York Region community has agreed to accept a Gay Pride Parade providing that nothing "smutty" is included in the parade. The organizers there have assured the Town Council that the parade and surrounding activities will be appropriate for families with free rainbow ice-cream, draws, storytelling and performances at a community stage. If the latter does not materialize, concerns about the "lost business during the gay parade" will lead to the parade in Newmarket being cancelled as it has been in Richmond Hill.

Supporters of the Toronto Gay Pride Parade insist that they have many supporters. They should know that it is viewed by many as a free freak show, and it does nothing to advance respect for the authorities, LGBTQ participants or their audience. †

TIME TO FUND CHILDREN, NOT SPACES

To efficiently fund child care we should fund children, not spaces and their massive related system costs. We could do this by increasing the federal government's child benefit.

BY HELEN WARD

Reprinted from the *National Post*, March 27, 2017

Helen Ward is a low-income single mother and President of Kids First Parent Association of Canada.

The federal government just allotted \$7 billion over 10 years for "child care." Who will benefit? The vast majority of families will benefit little if at all.

Daycare advocates have ensured that policies contain discriminatory definitions that explicitly exclude parental child care and preferentially fund institutional group care spaces. This is despite the fact that institutional group care is the most costly, least preferred and the most problematic for children's mental and physical health.

The billions will flow in two ways: system subsidies like capital costs, operating grants, bureaucracy and advocacy, and fee subsidies to reduce parents' expenses, typically paid on behalf of moderate or lower income families. Tax deductions will be available for up to about \$7,000 in fees per child, \$4,000 until age 15. (You read that right: daycare deductions for 15-year-olds.)

For a family with two parents in the top tax bracket with two young children in a daycare centre, the tax subsidy alone is worth over \$6,500 per year. Add to that the value of the system subsidies at a super-subsidized daycare and clearly some families will be receiving public child care funding worth many tens of thousands of dollars every year while other families receive none at all.

Currently only about 15 per cent of Canadian children 0-5 are in daycare centres. Statistics Canada reports that higher-income families are more likely to use this arrangement. Taxpayers are funding higher-income families with huge subsidies for institutional child care at the expense of lower income families – including single parents – who prioritize parental child care.

To add insult to injury, reliable, peer-reviewed evidence does not support policies promoting increased non-parental care. We are told that regulated daycare is "high quality." Meanwhile, research by daycare proponents themselves states that, "The majority of licensed daycare in Canada is of minimal to mediocre quality." Research on Quebec finds 73 per cent of its daycare is "minimal to mediocre" quality.

Inadequate child-to-staff ratios are a major reason for this. British Columbia allows one staff member to care for four infants (in Quebec that's five). The ratio is one per eight young children, one per 15 in school-age daycare and one per 22 in kindergarten. Yet peer-reviewed research shows these ratios mean about 50 per cent of children will not receive

adequate physical or developmental care.

Neither does institutional child care improve children's health, academic, social and emotional outcomes. We hear claims that institutional child care is beneficial but these findings are based on research over 50 years old involving extremely underprivileged, intellectually challenged children in an American inner-city. This was an experimental program that never involved long days in institutional daycare.

To efficiently fund child care we should fund children, not spaces and their massive related system costs. We could do this by increasing the federal government's child benefit.

Why is this better? For one, this could eliminate child poverty. Daycare spaces cannot. Regarding gender equity, the state would respect women's choices, rather than discriminating against mothers who prioritize parental care and rewarding those using institutional spaces.

Moreover, every family is unique. Each could use these funds to meet their unique needs and wants as they change over time, including paying for non-parental care. Child care funding should go directly and equitably to families for the sake of children.

Daycare activists are already upset because this latest funding infusion is not enough. To them, it will never be enough. To parents, however, \$7 billion is plenty. If only they would ever get to see a penny of it. †

MESSAGE BOARD

- Annual General Meeting: Note the change in venue for our AGM, as described in the [notice](#) in this issue. It will be held at the Newnham campus of Seneca College in North York. It is readily accessible by public transit. Let's have a great turnout for guest speaker MP Cathay Wagantall!
- Resolutions: Do you have any ideas for resolutions that REAL Women could pass at the AGM? Check out our website for examples of our past resolutions. <http://www.realwomenofcanada.ca/resolutions/> We can help you with the wording. Resolutions need to be submitted to our Ottawa office by June 9.
- Donations always much needed: Please consider a [donation](#) to REAL Women to help defray the costs of attending the World Congress of Families in Budapest, Hungary, May 25-28. Gwen Landolt, Vice-President of REAL Women, is an invited speaker. [Donations](#) are also needed for expenses for our Annual General Meeting in June 23, for the venue and our speaker. Your generosity is so greatly appreciated. Thank you to our many supporters. †

SWEDEN'S GENDER-EQUALITY SNOW REMOVAL POLICY PARALYZES STOCKHOLM

On November 15, 2016, 15 inches of snow fell on Stockholm. The government of Stockholm was controlled by a Left-Green coalition which ordered that bike paths and sidewalks be given priority for snow removal over the roads because women were increasingly walking and cycling more than men. The rationale for this was provided by Daniel Hellden, the Green Party's Vice-Mayor of traffic. He stated:

It hurt more when you fall when walking and cycling, while those who drive are comfortable no matter whether it's snowing. It is about three times as many pedestrians who are injured, than motorists, in weather like this... But there is also an accessibility argument that the city should be accessible to all. Snow and ice keeps many at home. Above all, it affects women who increasingly are walking and cycling more than men.

Chaos resulted. Buses (heavily used by women) were stuck by the hundreds on roads blocked by stalled cars. Light rail trains moved at half speed, forcing stranded commuters to walk for hours to get home from work, slipping and falling on glasslike sidewalks and bike paths. Others stayed home with children as schools shut down.

This is a striking example of the huge gap between the leftist ideological beliefs with lack of common sense, and living in real life. †



REMINDER!

REAL WOMEN OF CANADA ANNUAL GENERAL MEETING

Friday, June 23rd, 2017 @ 7:00 p.m.
Seneca College's Residence & Conference
Centre - Toronto (separate bldg.)
1760 Finch Avenue East

Hwy 404 and Finch Avenue East near Don Mills Rd.
From Finch pick up Au Large Blvd
- follow Au Large Blvd to free Parking area-Lot #9

Toronto, Ontario M2J 5G3
(Tel: 416-491-8811)

OUR GUEST SPEAKER



Cathay Wagantall, MP
Conservative MP for Yorkton-Melville

Cathay's topic is:

**"FILLING THE HOUSE OF COMMONS
WITH REAL WOMEN AND MEN".**

**We can't wait to hear her talk!
Please join us.**

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